

ATTACHMENT B
OFFEROR DATA and REFERENCE SHEET
(TO BE COMPLETED BY OFFEROR)

1. QUALIFICATIONS OF OFFEROR: Offerors must have the capability and capacity in all respects to fully satisfy all of the contractual requirements.

2. YEARS IN BUSINESS: Indicate the length of time you have been in business providing this type of service: _____years _____months.

3. REFERENCES: Indicate below a listing of at least four (4) recent references for whom you have provided this type of service. Include the name, address, date service was furnished, and phone number of the person whom WWRC personnel has your permission to contact.

NAME	ADDRESS	DATE OF SERVICE	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of minority business enterprises and to encourage the participation of minority businesses in State procurement activities. Toward that end, the Department of Rehabilitative Services encourages minority firms to compete and encourages non-minority firms to provide for the participation of small business and businesses owned by minorities through partnerships, joint ventures, subcontracts, and other contractual opportunities.

Please indicate if you are a minority vendor: _____YES _____NO

Please indicate if you are small business: _____YES _____NO

Please indicate if your business is female owned: _____YES _____NO